

Prepared by:

Date:

MODIFIED DOCUMENT - HHS-350 (Rev 01/02)

Transaction #:

SECTION A TRAINEE DATA

Name:

TAP Organization:

Office Telephone:

PP/Series/Grade:

Position Title:

Office Bldg/Room:

(MI) GS-0341-

Administrative Assistant (MI) ____

(PMI) GS-0301-

Presidential Management Intern (PMI) ____

SECTION B COURSE DATA

12. Training Hours:

Duty Hours

Non-Duty Hours

13. Training Period (Date and Time):

From: ____/____/____ : ____ a.m./p.m. To: ____/____/____ : ____ a.m./p.m.

14. Cost (\$only)

Fees

Tuition, Books,
& Other

Total

\$

\$

\$

15. Course Title and Number:

16. EIN # for Vendor

Payment Method:

Does vendor accept credit
card?

Purchase Order?

Yes:

No:

Yes:

No:

17. Justification

The training/class/book(s) relate(s) to the employee's current position and will help to further career development.
(circle one)

The material is directly applicable to job duties and employee development at the NIH.

18. Vendor Name:

Phone #:

Address for Payment:

Fax #:

City, State:

Zip:

19. Location of Training (Address):

Zip:

SECTION C FISCAL DATA

23. Accounting Data (Appropriation, Allotment, Class)

FY CAN#

3 | 8334802

24. SICAC/OPAC #

75-08-0031

25. Funds are Available

Date:

ADMINISTRATIVE/FUNDS SIGNATURE

SECTION D CLEARANCE

TYPED NAME

PHONE #

SIGNATURE

DATE

COMMENTS

TITLE

26. Initiating Supervisor

Intern Mentor

27. Concurring Official

28. Concurring Official

29. Approving Official

MI/PMI Program Manager

ATTACHMENTS NEEDED: copy of class description and registration/payment page for tuition, books, and other fees